



OFFICE OF THE STATE ATTORNEY, GLENN HESS, 14TH JUDICIAL CIRCUIT OF FLORIDA

BAY COUNTY MISDEMEANOR DIVERSION PROGRAM COMMUNITY SERVICE FORM

Defendant's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Case Number(s): \_\_\_\_\_

Community Service Hours **MUST** be completed at a Non-Profit Organization in order to meet this requirement.

Examples of a Non-Profit Organization are/but not limited to: Goodwill, Salvation Army, Habitat for Humanity, Churches, Schools, and Animal Shelters.

If you are unsure if you are doing your hours correctly, please contact our office at 850-872-7683, or by email at [divprogram@sa14.fl.gov](mailto:divprogram@sa14.fl.gov).

Non-Profit Organization(s) Name	Phone #	Organization(s) Address	Hours	Supervisor(s) Printed Name	Supervisor(s) Signature

I hereby certify that I have completed the community service requirement of the Bay County Misdemeanor Diversion Program.

**Defendant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All items on this form must be completely filled out and signed by the Organization and the Defendant, and submitted no later than 2-3 business days prior to the expiration of your contract. **Once signature(s) have been obtained, please return this form to:**

Email: [divprogram@sa14.fl.gov](mailto:divprogram@sa14.fl.gov)

Fax: 850-872-4461

Address: State Attorney's Office, C/O Bay County Misdemeanor Diversion Program  
PO Box 1040, Panama City, FL 32402